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**TO: Examiner A. Caputa**

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**GROUP 1800**

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**MESSAGE:**

**Examiner Caputa: Pursuant to our telephone conversation earlier today, transmitted herewith is a Supplemental Amendment.**

**Client No. 010091-001**

**Fax Tel. No. 305-3014**

**If you have any questions regarding compatibility, you may reach our Office Services Department at (703) 836-6620.**

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Patent  
Attorney's Docket No. 010091-001

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of	)	
C. Richard SCHLEGEL et al	)	
Application No.: 08/216,506	)	<b>BOX: FEE AMENDMENT</b>
Filed: March 22, 1994	)	Group Art Unit: 1812
For: PAPILLOMAVIRUS VACCINE	)	Examiner: A. Caputa

**OFFICIAL**

**RESPONSE TRANSMITTAL LETTER**

Assistant Commissioner for Patents  
Washington, D.C. 20231

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Sir:

JAN 19 1996

Enclosed is a response for the above-identified patent application.

**GROUP 1800**

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ Also enclosed is \_\_\_\_.
- ☒ A verified statement(s) claiming small entity status  
☐ are also enclosed ☒ were submitted previously.
- ☐ A Contingent Notice of Appeal is also enclosed. The response submitted herewith is being submitted after a final rejection. In the event that the amendments therein are entered but do not result in allowance of all the claims, then the enclosed Contingent Notice of Appeal appealing all finally rejected claims should be entered and the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of ☐ \$145 ☐ \$290 for filing a Notice of Appeal in accordance with 37 C.F.R. § 1.191(a).
- ☐ The earliest effective U.S. filing date of this application is before June 8, 1993. In the event that the response submitted herewith is denied entry, the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of ☐ \$375 ☐ \$750 for entry of the submission in accordance with 37 C.F.R. § 1.129(a).
- ☐ No additional claim fee is required.
- ☒ An additional claim fee is required, and is calculated as shown below:

Response Transmittal Letter  
 Application Serial No. 08/216,506  
 Attorney's Docket No. 010091-001  
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AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'T'L FEE
Total Claims	35	MINUS 34 =	1	x \$22 =	\$22.00
Independent Claims	5	MINUS 4 =	1	x \$78 =	78.00
If Amendment adds multiple dependent claims, add \$250.00					
Total Amendment Fee					100.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					50.00
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$50.00

☐ A claim fee in the amount of \$\_\_\_\_\_ is enclosed.

☒ Charge \$ 50.00 to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, LLP

By: \_\_\_\_\_  
 Teresa Stanek Rea  
 Registration No. 30,427

P.O. Box 1404  
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Date: January 19, 1996